

# Working with Veterans of Iraq and Afghanistan and Their Families

2008 2009 (dates to be announced)

October 7 Greensboro Wilmington **Rocky Mount** October 9 Asheville Greenville November 4 Hickory Fayetteville November 5 Charlotte Raleigh

#### **Purpose**

This training is designed for professionals in the community from whom military service members may seek treatment for undiagnosed brain injury. The purpose is to learn how to apply existing clinical skills to their work with military service members of Afghanistan and Iraq and their families.

## **Target Audience**

Physiatrists, rehabilitation professionals, mental health professionals, family physicians, psychologists, social workers, counselors, case managers, psychiatric professionals, nurses, family therapists, clergy, substance abuse counselors, Speech Therapists, Physical Therapists and assistants, Occupational Therapists and assistants

### **Learning Objectives**

- 1. Develop an understanding of military culture and how to use this to establish credibility and effectiveness of treatment
- 2. Develop an awareness of the brain and how TBI occurs
- 3. Increase ability to identify the effects of TBI and impact on life such as employment and family relationships
- 4. Increase awareness of TBI screening
- 5. Develop an awareness of key players in TBI rehabilitation
- 6. Increase awareness of TBI treatment options and resources

| <u>Agenda</u> | 0830-0900 | Registration (light breakfast will be served) |
|---------------|-----------|---|
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0900-0915 Welcome-Citizen Soldier/ AHEC 0915-0930 Introduction and Scope of Issues Military Culture 0930-1000

Boots on the Ground 1000-1045 1045-1100

1100-1200 TBI: The Signature Wound of OEF/OIF

1200-1230 TBI Screening 1230-1315 Lunch (provided)

1315-1345 **TRICARE** 

1345-1445 MTBI Symptoms and Life Impact

1445-1500

1500-1530 Battlemind: Impact of Deployment and Combat Stress on the Family

MTBI Treatment Options/ Resources in NC 1530-1615

1615-1630 Call to Action

# **Speakers**

Robin Hurley, MD, FANPA, Associate Professor, WFUSM & BCM, Salisbury North Carolina VA

Sandy Ellsworth, NC Division of Mental Health, Developmental Disabilities & Substance Abuse Services

Sandra Framer, President, Brain Injury Association of NC

Tami Guerrier, Director, Project STAR, Carolinas Rehabilitation

The 9 sites of the NC AHEC Program

# Sponsored by:

North Carolina Citizen Soldier Support Program The Odum Institute for Research in Social Science UNC Chapel Hill

Chapel Hill, NC

### Supported by:

Mental Health Association of North Carolina Raleigh, NC

North Carolina Division Mental Health, Developmental Disabilities, Substance Abuse Services Raleigh, NC Veterans Integrated Service Network (VISN-6) Mental Illness Research, Education and Clinical Center (MIRECC) Durham, NC

#### **Credit Information:**

6 Contact Hours 6 hours NC Psychology Credit Category A 6 hours NBCC Credit Application has been made for 6 hours ASHA credit

SEAHEC is recognized by the national Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines. (Provider Number: 5597)

#### **REGISTRATION INFORMATION**

The registration fee of \$50.00 includes cost of credit, instruction, 2 meals, 2 breaks, and program materials. PLEASE NOTE: SEAHEC requires payment at time of registration. You may pay by cash, check, or credit card.

If you cannot attend, you should notify us in writing before two (2) business days prior to the program. You have 3 options: Send a substitute; receive a voucher for the full registration fee, which can be used for future programs up to one year from the program date; or receive a refund minus 30% administrative fee. If you register, do not cancel and do not attend, you are still responsible for the full registration fee.

If you have any questions, please feel free to call SEAHEC, customer service, at 910-792-5560 ext. 100.

A confirmation will be mailed to you from SEAHEC about 2 weeks prior to the program with information on the class location and any other details you will need.

To register, complete the form below and fax it to 910-792-5565 or mail it to: SEAHEC, ATTN: Registration, 2250 Shipyard Blvd, Ste. 13, Wilmington, NC 28403.

On-line registration is available for these programs with payment by credit card. (MC, VISA, American Express or Discover cards only).

| Oct 7 | Greensboro | http://www.aheconnect.com/registration/coastal/eventdetail.asp?EventID=24893 |
|-------|------------|--|
| Oct 9 | Asheville  | http://www.aheconnect.com/registration/coastal/eventdetail.asp?EventID=24894 |
| Nov 4 | Hickory    | http://www.aheconnect.com/registration/coastal/eventdetail.asp?EventID=24895 |
| Nov 5 | Charlotte  | http://www.aheconnect.com/registration/coastal/eventdetail.asp?EventID=24839 |

| Traumatic Brain I  Check the date you p  REGISTRATION  Reg. fee: \$50  Deadline for registration | orefer to attend:        |                 | Nov 4             | Greensboro<br>Asheville<br>Hickory<br>Charlotte | 24893<br>24894<br>24895<br>28439 |
|--|--------------------------|-----------------|-------------------|---|----------------------------------|
| Deadine for registration   | is r days prior to prog. | ani             |                   |   |                                  |
| Name:  |                          |                 | SS# (last 4       | digits)   |                                  |
| Degree (RN, BS, etc.)  |                          | Occ             | upation:          |   |                                  |
| Home Phone:  | (                        | Office Phone: _ |                   | Ext   | <del></del>                      |
| Office email:  |                          | Home ema        | ail:              |   |                                  |
| Send email to ( ) Off  | fice ( ) Home            |                 |                   |   |                                  |
| Workplace:   |                          |                 |                   |   |                                  |
| Title/Department:  |                          |                 |                   |   |                                  |
| Work Address:  |                          |                 |                   |   |                                  |
| City:  | State:                   | Zip code:_      | Work Coun         | ity:  |                                  |
| Home Address:  |                          |                 |                   |   |                                  |
| City:  | State:                   | _ Zip code:     | Home Cour         | nty:  |                                  |
| Send program informa   | ation to ( ) Home        | ( ) Office      |                   |   |                                  |
| TYPE OF CREDIT:  | Contact Hours            | NBCC            | _ NC Psychology _ |   | ending)                          |
| Payment method:  |                          |                 |                   |   |                                  |
| ( ) Enclosed is a c  | heck made payable t      | o SEAHEC        |                   |   |                                  |
| Bill my VISA   | MasterCard□              | Discover□       | American Express  |   |                                  |
| Account number   |                          |                 |                   |   |                                  |

To register, complete the form and fax it to 910-792-5565 or mail it to:

Signature:\_\_\_\_\_\_
Print name as shown on card:\_\_\_\_\_\_

Expiration date:

SEAHEC ATTN: Registration 2250 Shipyard Blvd, Ste. 13 Wilmington, NC 28403



